







SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						
	L					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
FrontPoint Offshore Financial Services Fund, Ltd.						
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	☐ Section	on 4(6) ULOE	
Type of Filing: ☐ New Filing ☒	Amendment					
等。 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章 第二章	A. BASI	C IDENTIFICATION	DATA			
1. Enter the information requested about the is	suer					
Name of Issuer (☐ check if this is an ame	ndment and name has	changed, and indica	te change.)			
FrontPoint Offshore Financial Services Fund, L	.td.					
Address of Executive Offices	(Number and Street	, City, State, Zip Code	e)	Telephone Numb	er (Including Area Code)	
Address of Principal Business Operations	(Number and Street	, City, State, Zip Code	e)	Telephone Numb	er (Including Area Code)	
(if different from Executive Offices)						
Brief Description of Business						
					<i>L</i>	
					PROPER	
					PROCESSE	
					PROCESSE	ED
					PROCESSE MAY 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Đ
Type of Business Organization					PROCESSE May 2 3 2005	ED -
Type of Business Organization ☐ corporation	☐ limited partnersh.	ip. already formed		□ other (please	PROCESSE MAY 2 3 2005 Specify): THOMS 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	EDE
corporation	☐ limited partnersh.	• •		other (please	PROCESSE MAY 2 3 2005 Specify): THOMSON	E
	☐ limited partnersh. ☐ limited partnersh	ip, to be formed		other (please	PROCESSE MAY 2 3 2005 specify): THOMSON FINANCIAL	E
corporation		• •	Year	other (please	PROCESSE MAY 2 3 2005 specify): THOMSON FINANCIAL	E
corporation business trust	☐ limited partnersh	ip, to be formed	Year		_	E
corporation	☐ limited partnersh	ip, to be formed	Year	☐ other (please	PROCESSE MAY 2 3 2005 specify): THOMSON FINANCIAL	E
corporation business trust Actual or Estimated Date of Incorporation or O	☐ limited partnersh	Month		☐ Actual	_	E
corporation business trust	☐ limited partnersh ganization: (Enter two-letter U.S	ip, to be formed	reviation for Sta	☐ Actual	_	E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENTIF	ICATION DATA		
Enter the information requ	_	peen organized within the past five	NO OFFI		
		e or dispose, or direct the vote or		f a class of equity secur	ities of the issuer
	- :	e issuers and of corporate genera	•		nico di inc issuer,
	anaging partner of partner	•		,	
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
FrontPoint Partners LLC					
Business or Residence Add	•	et, City, State, Zip Code)			
80 Field Point Road, Greenv					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Paul Ghaffari					
Business or Residence Add		et, City, State, Zip Code)			
80 Field Point Road, Greenv	wich, CT 06830				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Steven Eisman					
Business or Residence Add	ress (Number and Stre	et, City, State, Zip Code)			
80 Field Point Road, Greenv	vich, CT 06830				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Martin Lang					
Business or Residence Add	ress (Number and Stree	et, City, State, Zip Code)			
80 Field Point Road, Greenv	vich, CT 06830				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Martin Byrne					
Business or Residence Addi	ress (Number and Stree	et, City, State, Zip Code)			
80 Field Point Road, Greenv	vich, CT 06830				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Natexis Banques Popularie-	Re: Financiere Atlas				
Business or Residence Addr	ress (Number and Stree	et, City, State, Zip Code)			
Production Financiere, Cent	re de Traitment de Cae	n, 10 rue des Roquemonts			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Prisma Blue Square Fund Li					
Business or Residence Add	ress (Number and Stree	et, City, State, Zip Code)	' 	·	
Harborside Financial Centra					
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
BNP Paribas Securities Sen		es			
Business or Residence Addr	ress (Number and Stree	et, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
	·	Victoire, 7500- Paris, France			

Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
BNP Paribas Securities Serv					
Business or Residence Addr	,				
		Victoire, 7500- Paris, France			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		·········		Mary Mary Mary Mary Mary Mary Mary Mary
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Box \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Aiready Sold Debt..... \$46,133,713 \$46,133,713 Equity ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests..... \$ \$ Other (Specify Total \$46,133,713 \$46,133,713 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$46,133,713 Accredited Investors Non-accredited Investors..... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of offering Security Sold Rule 505 \$ Regulation A..... \$ Rule 504..... Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of

the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	\$
Printing and Engraving Costs	\$
Legal Fees	\$
Accounting Fees	\$
Engineering Fees	\$
Sales Commissions (specify finders' fees separately)	\$
Other Expenses (identify)	\$
Total	\$

id:	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENSES.	AND	USE OF PROCEEDS		
	 b. Enter the difference between the aggreg Question 1 and total expenses in response the "adjusted gross proceeds to the issuer." 				\$46	,133,713
5.	Indicate below the amount of the adjusted group to be used for each of the purposes shown. furnish an estimate and check the box to the listed must equal the adjusted gross proceeds—Question 4.b above.	If the amount for any purpose is not known, eft of the estimate. The total of the payments				
				Payments to Officers, Directors & Affiliates		Payments To Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation	on of machinery and equipment		\$		\$
	Construction or leasing of plant buildings	and facilities		\$		\$
	Acquisition of other businesses (including offering that may be used in exchange fo	g the value of securities involved in this r the assets or securities of another issuer		•		•
	• •			\$		\$
	• •			\$		\$
				\$		\$
	Other (specify): Investment in limited p	partner interest of affiliated entity.		\$	\boxtimes	\$46,133,713
				\$		•
				\$	⋈	\$46,133,713
		J. A				
	Total Payments Listed (column totals add	ded)			33,713	
A STATE OF		D. FEDERAL SIGNATURE			(1)	
cons	issuer has duly caused this notice to be signed titutes an undertaking by the issuer to furnish the shed by the issuer to any non-accredited inves	o the U.S. Securities and Exchange Commission				
	er (Print or Type)	Signature // 48		Date		
	tPoint Offshore Financial Services Fund, Ltd.	Alle-		Apriلگ), 2005		
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)				
Arth	ur Lev	Attorney-in-Fact of the Issuer				
		ATTENTION				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)